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APPLICANTS

Sachiko Liebergesell, Darien, CT;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

F REQUIRED, FOREIGN FILING LICENSE GRANTED
 * 10/31/2003

** SMALL ENTITY **

Foreign Priority claimed yes no
 35 USC 119 (a-d) conditions met yes no Met after Allowance
 /verified and Acknowledged  Examiner's Signature Initials

STATE OR COUNTRY CT	SHEETS DRAWING 3	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 2
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ADDRESS

George W. Rauchfuss, Jr.
 Ohlandt, Greeley, Ruggiero & Perle, L.L.P.
 One Landmark Square
 Tenth Floor
 Stamford, CT
 06901-2682

TITLE

Promotion of oral hygiene and treatment of gingivitis, other periodontal problems and oral mal odor with alternating current wave forms and device therefor

FILING FEE RECEIVED 465	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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